

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Coyne for congress 2014

ADDRESS (number and street)

1130 east clark ave

ste 150 pmb 183

Check if different
than previously
reported. (ACC)

santa maria

CA

93455

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00540666

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2013

through

M M / D D / Y Y Y Y
03 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer kristyn p foxworth

Signature of Treasurer

kristyn p foxworth

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 16 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Coyne for congress 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20.00	20.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	20.00	20.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22787.86	22787.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22787.86	22787.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	232.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	23000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

Coyne for congress 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

20.00

20.00

(iii) TOTAL of contributions from individuals ▶

20.00

20.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

20.00

20.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

23000.00

23000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

23000.00

23000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

23020.00

23020.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22787.86	22787.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	22787.86	22787.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23020.00
25. SUBTOTAL (add Line 23 and Line 24).....	23020.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22787.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	232.14

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Coyne for congress 2014

Full Name (Last, First, Middle Initial)

Mr. paul henry coyne Jr.

Mailing Address 1298 roxy ave

City

santa maria

State

CA

Zip Code

93455

FEC ID number of contributing
federal political committee.

C

H4CA24134

Name of Employer
union bank

Occupation

bank branch manager

Receipt For: 2014

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

23000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2013

Transaction ID : SA13A.4106

Amount of Each Receipt this Period

23000.00

personal loan from candidate

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

23000.00

23000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Coyne for congress 2014

Full Name (Last, First, Middle Initial)

A. CAPITAL MORNING REPORTMailing Address 925 I street
room 290

City sacramento State CA Zip Code 95814

Purpose of Disbursement
AD TO HIRE FUND RAISER

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2013

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.4112

B. COLAB

Mailing Address ALEX MADDONNA CENTER

City SAN LUIS OBISPO State CA Zip Code 93401

Purpose of Disbursement
COLAB FUNDRAISER/SOLICITATION FOR CAMPAIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2013

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4116

C. MOBIL

Mailing Address 2404 SOUTH BROADWAY

City SANTA MARIA State CA Zip Code 93454

Purpose of Disbursement
travel gas

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2013

Amount of Each Disbursement this Period

73.22

Transaction ID : SB17.4177

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

683.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Coyne for congress 2014

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1350 marsh st

City	State	Zip Code
san luis obispo	CA	93401

Purpose of Disbursement
payroll

001

Candidate Name

Coyne for congress 2014

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2013

Amount of Each Disbursement this Period

73.08

Transaction ID : SB17.4119

B. Paychex

Mailing Address 1350 marsh st

City	State	Zip Code
san luis obispo	CA	93401

Purpose of Disbursement
EIB

001

Candidate Name

Coyne for congress 2014

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2013

Amount of Each Disbursement this Period

79.00

Transaction ID : SB17.4125

c. Paychex

Mailing Address 1350 marsh st

City	State	Zip Code
san luis obispo	CA	93401

Purpose of Disbursement
TPS

001

Candidate Name

Coyne for congress 2014

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2013

Amount of Each Disbursement this Period

16.32

Transaction ID : SB17.4126

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

168.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Coyne for congress 2014

Full Name (Last, First, Middle Initial)

A. PRESTON KINCAID-KINCAID ADVERTISING

Mailing Address 1691 SANTA ANA RD

City	State	Zip Code
HOLLISTER	CA	95023

Purpose of Disbursement
CONSULTING RETAINER

001

Category/
Type

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2013

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.4127

B. PRESTON KINCAID-KINCAID ADVERTISING

Mailing Address 1691 SANTA ANA RD

City	State	Zip Code
HOLLISTER	CA	95023

Purpose of Disbursement
WEB MEDIA DESIGN AND BUILD

004

Category/
Type

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4129

C. PRESTON KINCAID-KINCAID ADVERTISING

Mailing Address 1691 SANTA ANA RD

City	State	Zip Code
HOLLISTER	CA	95023

Purpose of Disbursement
WEB MEDIA 2ND PAYMENT/BUSINESS CARDS

004

Category/
Type

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2013

Amount of Each Disbursement this Period

1699.00

Transaction ID : SB17.4130

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15199.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Coyne for congress 2014

Full Name (Last, First, Middle Initial)

A. PRESTON KINCAID-KINCAID ADVERTISING

Mailing Address 1691 SANTA ANA RD

City	State	Zip Code
HOLLISTER	CA	95023

Purpose of Disbursement
LETTERHEAD/ENVELOPES/DESIGN

001

Category/
Type

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2013

Amount of Each Disbursement this Period

2363.25

Transaction ID : SB17.4131

B. PRESTON KINCAID-KINCAID ADVERTISING

Mailing Address 1691 SANTA ANA RD

City	State	Zip Code
HOLLISTER	CA	95023

Purpose of Disbursement
VOTER E-MAIL ADDRESS LIST

004

Category/
Type

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2013

Amount of Each Disbursement this Period

2230.14

Transaction ID : SB17.4132

C. PRESTON KINCAID-KINCAID ADVERTISING

Mailing Address 1691 SANTA ANA RD

City	State	Zip Code
HOLLISTER	CA	95023

Purpose of Disbursement
WEB MEDIA 10 HR BLOC

004

Category/
Type

Candidate Name

Coyne for congress 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2013

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.4133

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5393.39

21444.01

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 10

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

Coyne for congress 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. paul henry coyne Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1298 roxy ave

City

State

ZIP Code

santa maria

CA

93455

Original Amount of Loan

23000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

23000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 15 / 2013

Date Due

M M / D D / Y Y Y Y
06/15/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

23000.00

TOTALS This Period (last page in this line only)..... ►

23000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.